

**2005**

**Wisconsin Youth Risk Behavior Survey  
Middle School Questionnaire  
(CORE)**

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This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to develop better health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

*Thank you very much for your help.*

**Directions**

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: A B ● D.
- To change your answer, erase completely.
- Choose only one answer for each question (except question 4).

1. How old are you?

- A. 10 years old or younger
- B. 11 years old
- C. 12 years old
- D. 13 years old
- E. 14 years old
- F. 15 years old
- G. 16 years old or older

2. What is your sex?

- A. Female
- B. Male

3. In what grade are you?

- A. 6th grade
- B. 7th grade
- C. 8th grade
- D. Other

4. How do you describe yourself? **(Select one or more responses.)**

- A. American Indian or Alaska Native
- B. Asian
- C. Black or African American
- D. Hispanic or Latino
- E. Native Hawaiian or Other Pacific Islander
- F. White

5. During the past 12 months, how would you describe your grades in school?

- A. Mostly A's
- B. Mostly B's
- C. Mostly C's
- D. Mostly D's
- E. Mostly F's
- F. None of these grades
- G. Not sure

6. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number on your answer sheet.

Example:

HEIGHT	
Feet	Inches
5	7
③	⑩
④	①
●	②
⑥	③
⑦	④
	⑤
	⑥
	●
	⑧
	⑨
	⑩
	⑪

7. How much do you weigh without your shoes on?

Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number on your answer sheet.

Example:

WEIGHT		
Pounds		
1	5	2
●	⑩	⑩
②	①	①
③	②	●
	③	③
	④	④
	●	⑤
	⑥	⑥
	⑦	⑦
	⑧	⑧
	⑨	⑨

8. How do you describe your health in general?

- A. Excellent
- B. Very good
- C. Good
- D. Fair
- E. Poor

**The next 7 questions ask about personal safety and violence-related behaviors.**

9. How often do you wear a seat belt when riding in a car?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

10. When you ride a **bicycle**, how often do you wear a helmet?
- A. I do not ride a bicycle
  - B. Never wear a helmet
  - C. Rarely wear a helmet
  - D. Sometimes wear a helmet
  - E. Most of the time wear a helmet
  - F. Always wear a helmet
11. When you **rollerblade** or ride a **skateboard**, how often do you wear a helmet?
- A. I do not rollerblade or ride a skateboard
  - B. Never wear a helmet
  - C. Rarely wear a helmet
  - D. Sometimes wear a helmet
  - E. Most of the time wear a helmet
  - F. Always wear a helmet
12. Have you ever **ridden** in a car driven by someone who had been drinking alcohol?
- A. Yes
  - B. No
  - C. Not sure
13. Have you ever carried a **weapon**, such as a gun, knife, or club?
- A. Yes
  - B. No
14. Have you ever been in a physical fight?
- A. Yes
  - B. No
15. Have you ever been in a physical fight in which you were hurt and had to be treated by a doctor or nurse?
- A. Yes
  - B. No

**The next 3 questions ask about attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves.**

16. Have you ever **seriously** thought about killing yourself?
- A. Yes
  - B. No

17. Have you ever made a **plan** about how you would kill yourself?

- A. Yes
- B. No

18. Have you ever **tried** to kill yourself?

- A. Yes
- B. No

**The next 8 questions ask about tobacco use.**

19. Have you ever tried cigarette smoking, even one or two puffs?

- A. Yes
- B. No

20. How old were you when you smoked a whole cigarette for the first time?

- A. I have never smoked a whole cigarette
- B. 8 years old or younger
- C. 9 years old
- D. 10 years old
- E. 11 years old
- F. 12 years old
- G. 13 years old
- H. 14 years old or older

21. During the **past 30 days**, on how many days did you smoke cigarettes?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

22. During the **past 30 days**, on the days you smoked, how many cigarettes did you smoke **per day**?

- A. I did not smoke cigarettes during the past 30 days
- B. Less than 1 cigarette per day
- C. 1 cigarette per day
- D. 2 to 5 cigarettes per day
- E. 6 to 10 cigarettes per day
- F. 11 to 20 cigarettes per day
- G. More than 20 cigarettes per day

23. During the **past 30 days**, how did you **usually** get your own cigarettes? (Select only **one** response.)
- A. I did not smoke cigarettes during the past 30 days
  - B. I bought them in a store such as a convenience store, supermarket, discount store, or gas station
  - C. I bought them from a vending machine
  - D. I gave someone else money to buy them for me
  - E. I borrowed (or bummed) them from someone else
  - F. A person 18 years old or older gave them to me
  - G. I took them from a store or family member
  - H. I got them some other way
24. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
- A. Yes
  - B. No
25. During the **past 30 days**, on how many days did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
26. During the **past 30 days**, on how many days did you smoke **cigars, cigarillos, or little cigars**?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days

**The next 4 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.**

27. Have you ever had a drink of alcohol, other than a few sips?
- A. Yes
  - B. No
28. How old were you when you had your first drink of alcohol other than a few sips?
- A. I have never had a drink of alcohol other than a few sips
  - B. 8 years old or younger
  - C. 9 years old
  - D. 10 years old
  - E. 11 years old
  - F. 12 years old
  - G. 13 years old
  - H. 14 years old or older
29. **During the past 30 days** did you have at least one drink of alcohol other than a few sips?
- A. Yes
  - B. No
30. During the **past 30 days**, did you have **5 or more drinks** of alcohol in a row, that is, within a couple of hours?
- A. Yes
  - B. No

**The next 3 questions ask about marijuana use. Marijuana also is called grass or pot.**

31. Have you ever used marijuana?
- A. Yes
  - B. No
32. How old were you when you tried marijuana for the first time?
- A. I have never tried marijuana
  - B. 8 years old or younger
  - C. 9 years old
  - D. 10 years old
  - E. 11 years old
  - F. 12 years old
  - G. 13 years old
  - H. 14 years old or older



33. During the **past 30 days**, did you use marijuana?

- A. Yes
- B. No

**The next 2 questions ask about other drug use.**

34. Have you ever used **any** form of cocaine, including powder, crack, or freebase?

- A. Yes
- B. No

35. Have you ever sniffed glue, or breathed the contents of spray cans, or inhaled any paints or sprays to get high?

- A. Yes
- B. No

**The next 4 questions are general questions about you.**

36. Do you agree or disagree that your family loves you and gives you help and support when you need it?

- A. Strongly agree
- B. Agree
- C. Disagree
- D. Strongly disagree
- E. Not sure

37. Do you agree or disagree that your teachers really care about you and give you a lot of encouragement?

- A. Strongly agree
- B. Agree
- C. Disagree
- D. Strongly disagree
- E. Not sure

38. Do you agree or disagree that you feel like you belong at this school.

- A. Strongly agree
- B. Agree
- C. Disagree
- D. Strongly disagree
- E. Not sure

**In this survey “parents” mean the adults who are most responsible for raising you. They could be foster parents, step-parents, or guardians.**

39. Besides your parents, how many adults would you feel comfortable seeking help from if you had an important question affecting your life?
- A. None
  - B. 1 adult
  - C. 2 adults
  - D. 3 adults
  - E. 4 adults
  - F. 5 or more adults

**This is the end of the survey.  
Thank You!**